

**REGISTRATION FORM FOR  
7<sup>TH</sup> GRADE WATER QUALITY SAMPLING  
PROGRAM**

**NAME OF SCHOOL** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**PHONE NUMBER** \_\_\_\_\_

**NUMBER OF STUDENTS IN CLASS** \_\_\_\_\_

**WAIVERS SIGNED** \_\_\_\_\_

**TRANSPORTATION NEEDED** \_\_\_\_\_

**Times will be from 8:30 – 10:00 or 11:30 to 2:00 Please indicate the time period you would like by circling your preference.**

**Students will need extra clothes and shoes with toes and allowed to get dirty.  
NO FLIP FLOPS OR SANDALS ALLOWED.**

**MAILED TO:**

**CITY OF MONTGOMERY  
C/O JUDY PALFREY  
P. O. BOX 1111  
MONTGOMERY, AL 36101-1111**